

Reimbursement Instructions

This section was prepared for and is directed to sponsors' claim preparers to help them complete SFSP claims for reimbursement.

The amount of reimbursement will be computed by the California Department of Education on the basis of USDA-approved rates. The following section provides an item-by-item description of claim data that all SFSP claim preparers are required to report:

- Item 1. **Agreement Number, Vendor Number, Name, and Address:** Place a pre-printed label in the space provided. If no labels are available, print or type the sponsor's agreement number, vendor number, name, and address in the space provided.
- Item 2. **Adjusted Claims:** Check this box if revising the sponsor's previously reported data. Please complete the form in its entirety; report all previously reported data inclusive of changes.
- Item 3. **Month Covered:** Enter the number of the month and year this claim covers.
Example: October 2003 = 10/2003 January 2004 = 01/2004
- Items 4 & 5. **For state use only.**
- Item 6. **Period Covered:** This information should cover activities during one calendar month; however, the sponsor may include no more than 10 operating days of the month before the *first* full month of operation *and* no more than 10 operating days of the month after the *last* full month of operation. **Do not report data that span across three calendar months.** For example, 7 days in June and 25 days in July will be reported as a July claim; 25 days in May and 8 days in June will be reported as a May claim. Please enter the four-digit year. For example, From: 06/23/2004; to: 07/31/2004. **Do not split one month onto two separate claim forms.**
- Item 7. **Approved Sites:** Enter the number of *approved sites* operating during the claim period.
- Item 7a. **CCNSP Sponsors Only:** Enter the number of *approved CCNSP pilot sites* operating during the claim period.
- Item 8. **Number of Days:** Enter the number of days during the claim period on which meal service was provided.

- Item 9. **Average Daily Number of Eligible Children:** Use the *highest* total number of eligible *first main* meals served (breakfast, lunch, or supper) during the claiming period, and divide by the number in item 8 (days) on the claim form. Remember to always round the total up to the next whole number. *For example, 426 meals (for lunch) divided by 20 days (item 8) = 21.30, which rounds to 22.*
- Items 10-13. **Food Service to Children:** Enter the first, second, and total meals served to eligible children by meal type. Second meals served may not exceed 2 percent of the first meals served. Follow standard mathematical procedures for rounding second meals. *For example, 356 first meals (for lunch) x 2 percent equals 7.12 second meals, which rounds to 7.*
- Item 13a. **CCNSP SPONSORS ONLY.** Enter the First and Second pilot snack meals on the lines provided. Follow standard mathematical procedures for rounding second meals. *For example, 356 first meals (for lunch) x 2 percent = 7.12 second meals, which rounds to 7.*
- Item 14. **Funds Accrued During the Month:**
- A. Operational program income (adult payments):** Enter the total amount of gross income accrued or received for adult payments for meals in the Summer Food Service Program.
- B. Operational income (donations & grants):** Enter the total gross amount of funds accrued for food service (designated for operational costs) from individual donations, state and local contributions, and reimbursement from other federal programs. *(Do not include "start-up funds," "advance payments," and "monthly reimbursement payments" from this USDA-funded program, or loans to the program.) Do not report cents.*
- C. Administrative Income (Donations and Grants):** Enter the total gross amount of funds accrued for food service (designated for Administrative Costs) from individual donations, State and local contributions, and reimbursement from other Federal programs. *(Do not include "start-up funds," "advance payments," and "monthly reimbursement payments" from this USDA funded program, or loans to the program.) Do not report cents.*
- D. Unspecified Income (Income not specifically designated as Operational or Administrative) :** Enter the total gross amount of funds accrued for food service (not designated for administrative costs, operational costs or adult payments) from individual donations, state and local contributions, and reimbursement from other federal programs. *(Do not include "start-up funds," "advance payments," and "monthly reimbursement payments" from this*

USDA-funded program or loans to the program.) *Do not report cents.*

Note: Do not report cents on items 15 through 20.

- Item 15. **Food Costs:** Enter all gross *food* costs, including costs for milk. Such costs shall include in addition to the purchase price the cost of processing, distributing, transporting, storing, or handling any purchased or donated food, including USDA-donated commodities. *(Do not include the value of donated foods).*
- Item 16. **Food Labor:** Enter gross *labor costs*, which include all wages earned in connection with food preparation, delivery, and service. Include costs incurred during the month that cover payroll deduction for social security, withholding tax, insurance, retirement, and so on, as well as the employer's contribution during the month for employee benefits.
- Item 17. **Other:** Enter gross program costs *other* than for food, labor, and administration. These costs include service cost, such as rental fees for food service facilities, rental or use allowance of food service equipment, repairs to equipment eligible for use allowance, utilities, and cost of supplies used (e.g., cleaning materials, paper plates, plastic eating utensils, and straws). *(Do not include the costs reported in items 15 and 16.)*
- Item 18. **Subtotal:** Enter the sum of lines 15, 16, and 17. *Do not report cents.*
- Item 19. **Administrative Costs and Labor:** Enter gross administrative costs related to planning, organizing, and managing the program, and the rental cost of office space and equipment. *(Do not include interest costs and costs for the purchase of land, buildings, and equipment.)*
- Item 20. **Total Program Costs:** Enter the sum of lines 18 and 19. *Do not report cents.*

Do not fill in the boxes below the signatures. This area is for state use only.

Review your entries. When you are satisfied that they are true and correct to the best of your knowledge, sign and date the claim. **The claim will be returned for correction if it is not properly completed. Place an original signature on both the original and the copy of the claim before mailing it to avoid delays in receiving the reimbursement.**

Special Note: An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, the claim preparer must include *all* of the sponsor's reporting data for the entire operation for that same period.